

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Area Code/Phone Number (213) 974-5555 E-mail scruc@bos.lacounty.gov		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00
Event Description: Dodger Tickets Date(s) 05 / 06 / 19
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sandra Cruz Sandra Cruz Ticket Administrator 06/21/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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Division, Department, or Region (if applicable) Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator			
Area Code/Phone Number (213) 974-5555	E-mail scruz@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00
Event Description: Dodger Tickets Date(s) 05 / 07 / 19
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Internal Services Department	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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Event Description: Dodger Tickets Date(s) 05 / 8 / 19 05 / 09 / 19
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
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	Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(k)
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Event Description: Dodger Tickets Date(s) 05 / 10 / 19 05 / 11 / 19
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
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Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(k)
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 Signature of Agency Head or Designee	Sandra Cruz Print Name	Ticket Administrator Title	06/21/19 (month, day, year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description: Dodger Tickets Date(s) 05 / 12 / 19 05 / 14 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)


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	Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(k)
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description: Dodger Tickets Date(s) 05 / 15 / 19 05 / 27 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy Sec 5.3(k)	
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description: Dodger Tickets Date(s) 05 / 28 / 19 05 / 29 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

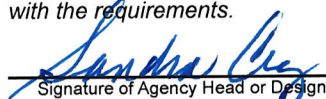
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B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	Staff	2	Ticket Policy Sec 5.3(k)
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2. Function or Event Information

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Event Description: Dodger Tickets Date(s) 05 / 30 / 19
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description: Dodger Tickets Date(s) 05 / 31 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
LASD Security Operations	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(k)
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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00
Event Description: Dodger Tickets Date(s) 06 / 01 / 19 06 / 02 / 19
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
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Event Description: Dodger Tickets Date(s) 06 / 16 / 19 / /
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
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	Sandra Cruz	Ticket Administrator	06/21/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>(213) 974-5555</td> <td>scruz@bos.lacounty.gov</td> </tr> </table>		Area Code/Phone Number	E-mail	(213) 974-5555	scruz@bos.lacounty.gov	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Date Stamp</td> <td style="width:50%; text-align: center;"> California Form 802 For Official Use Only </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> </td> </tr> </table>	Date Stamp	California Form 802 For Official Use Only	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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Date Stamp	California Form 802 For Official Use Only									
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>										

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description: Dodger Tickets Date(s) 06 / 18 / 19 06 / 19 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	Sandra Cruz Print Name	Ticket Administrator Title	06/21/19 (month, day, year)
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Comment: _____

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator			
Area Code/Phone Number (213) 974-5555	E-mail scruz@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00
Event Description: Dodger Tickets Date(s) 06 / 20 / 19 06 / 21 / 19
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)


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• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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	Sandra Cruz	Ticket Administrator	06/21/19
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Area Code/Phone Number (213) 974-5555 E-mail scruz@bos.lacounty.gov		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00
Event Description: Dodger Tickets Date(s) 06 / 22 / 19 06 / 22 / 19
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	LASD Security Operations	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(k)
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Sandra Cruz Sandra Cruz Ticket Administrator 06/21/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)

Board of Supervisors, Fifth District

Designated Agency Contact (Name, Title)

Sandra Cruz, Ticket Administrator

Area Code/Phone Number

(213) 974-5555

E-mail

scruz@bos.lacounty.gov

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description: Dodger Tickets Date(s) 06 / 23 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
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	Staff	2	Ticket Policy Sec 5.3(k)
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Signature of Agency Head or Designee

Sandra Cruz
Print Name

Ticket Administrator
Title

06/21/19
(month, day, year)

Comment: _____